-06) 0032 RCE ober.

7 Jone 2					Approve	ad for upo through	PT
. 1 1	rk Reduction Act of 19	95, no person a	re required to respon	U.S. Pate	nt and Trademar	ed for use through k Office; U.S. DEP unless it displays	ARTMENT (
ees pursuant a me Consolidated Ap	propriations Act. 2005	(H.R. 4818).			plete if Kno		
Sees pursual and Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number 09/805,163-			Conf. #1759	
			Filing Date		March 14, 2001		
For FY 2006					Masaru OSADA		
			Examiner Name C. S. Yo		C. S. Yoder	der	
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 2622		2622		
TOTAL AMOUNT OF PAYMENT (\$) 1,690.00			Attorney Docket No. 0378-0381P				
METHOD OF PAYMENT (che	eck all that apply)						
x Check Credit Card	Money Orde	r Non	e Other (	please ident	ify):		
Deposit Account Deposit Acco	ount Number: 02-244	B Deposit Acco	ount Name:	Birch, Ste	wart, Kolasc	h & Birch, LL	Р
For the above-identified o	deposit account, th	e Director is	hereby authorize	ed to: (chec	k all that apply	<b>(</b> )	
Charge fee(s) indic	ated below		Charge	e fee(s) ind	icated below,	except for the	filing fee
Charge any addition fee(s) under 37 CF		payment of	x Credit	any overpa	yments		
FEE CALCULATION (All the		e due upor	n filing or may	be subje	ct to a surch	narge.)	
. BASIC FILING, SEARCH, ANI				<b>_</b>			
,	FILING FEES		ARCH FEES	EXAMIN	ATION FEE:	S	
Application Type - Fo	Small Enti		Small Entity	Fee (\$)	Small Entity	Fees Pa	id (\$)
	e (\$) Fee (\$)	Fee (\$) 500	Fee (\$) 250	200	<u>Fee (\$)</u> 100	rees ra	<u>iu (\$)</u>
,	150					-	
	100	100	50	130	65 80		
	100	300	150	160	80	<del></del>	
-	150	500	250	600	300	S	
	100	0	0	0	0		
EXCESS CLAIM FEES						<u>Si</u> Fee (\$)	mall Entity Fee (\$)
<del>ee Description</del> ach claim over 20 (including Ro	eiccuec)					50	25
ach independent claim over 3 (i	•	s)				200	100
fultiple dependent claims	meraamg reissae.	3)				360	180
• •	s Foo (\$)	Fee P	aid (\$)	Mı	Itiple Depend		.00
- EAU a Cidilli	Il Claims				) (\$)	Fee Paid (\$)	
HP = highest number of total claims pai	id for, if greater than 20	).		<u>. v.</u>			
Indep. Claims Extra Claim			aid (\$)				•
- = HP = highest number of independent cla	X = aims paid for, if greate	r than 3.					
. APPLICATION SIZE FEE	, · · · ·						•
If the specification and drawing listings under 37 CFR 1.52(c	e)), the application	size fee due	is \$250 (\$125 f				
sheets or fraction thereof. So			. ,	Al Al	Ec- (6)	C D-	id (\$)
Total Sheets Extra SI			ditional 50 or frac			Fee Pa	na (\$)
- 100 =	/50		(round up to a who	ie number) :	·	Fees P	aid (\$)
OTHER FEE(S)							<del></del>
OTHER FEE(S) Non-English Specification,	\$130 fee (no small	l entity disco	unt)				
OTHER FEE(S)  Non-English Specification, S  Other (e.g., late filing surchar	ge): 1801 Requ	est for conti	inued examinat ponse within th			790. 900.	
Non-English Specification, Stochar (e.g., late filing surchar	ge): 1801 Requ	est for conti	inued examinat				
Non-English Specification,	ge): 1801 Requ	est for conti sion for res	inued examinat				00*

<sup>\*</sup>A one month extension of time in the amount of \$120 was previously paid with the filing of the Amendment After Final on May 26, 2006